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AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

FILL OUT ALL BLANKS

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 79	
County _____	District _____	County Registered No. 6489	
Town _____	Or City _____	Local Registrar's No. 7582	
ORIGINAL CERTIFICATE OF DEATH			
No. 909 W McKinley			
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME Enoch Melvin Clark			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX M	Color or Race White	DATE OF DEATH March 1 1919	
	Indian	(Month) (Day) (Year)	
	Black Chinese		
	Mexican		
DATE OF BIRTH _____	SINGLE	I hereby certify, that I attended deceased from March 1919 to March 1919; that I last saw him alive on March 1919, and that death occurred on the date stated above at 5:20 M. The DISEASE or INJURY causing Death was as follows:	
AGE 48 yrs. mos. days hrs. or min.	MARRIED	apoplexy	
OCCUPATION (a) Trade, profession or particular kind of work Retired	WIDOWED	(Duration) Few hours	
(b) General nature of industry, business, or establishment in which employed or (employer)	or DIVORCED	Was disease contracted in Arizona? If not, where?	
BIRTHPLACE (State or country) Ind		CONTRIBUTORY Hypertension, arteriosclerosis	
NAME OF FATHER Eustace Clark		(Signed) Dr. M. B. Nichols	
BIRTHPLACE OF FATHER Ky		March 5 1919 (Address) Phoenix	
MAIDEN NAME OF MOTHER Marshall		*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
BIRTHPLACE OF MOTHER Int Known		LENGTH OF RESIDENCE	
The Above Is True to the Best of My Knowledge (Informant) _____		At place of death 4 yrs. 6 mos. ds. In Arizona 13 yrs. mos. ds.	
(Address) _____		Former or Usual Residence Mont.	
PLACE OF BURIAL OR REMOVAL _____	DATE OF BURIAL OR REMOVAL 3/7 1919	Filed March 6 1919	
UNDERTAKER _____	ADDRESS _____	Filed April 8 1919	
		Local Registrar Q. B. Nichols	
		County Registrar	